



“Learn the Signs. Act Early.”

Encouraging parents to follow their child’s developmental journey



Learn the Signs. Act Early. is a national campaign to help parents and caregivers identify developmental delays and get their children the help they need as early as possible.

“Learn the Signs. Act Early.”

Fran Goldfarb, MA, MCHES, CPSP
Debbie Sarmento

CA LTSAE Co-Ambassadors

So CA: Oct 02-03, 2014
No CA: Oct 16-17, 2014

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2

You’ll learn

- Why tracking each child’s developmental milestones is important
- About free resources to help
- How you can help parents along the way



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3

Developmental Milestones

- Milestones are things most children can do by a certain age
 - How a child plays, learns, speaks, acts, and moves
- You see these every day
- They offer important clues about each child's developmental health
- Parents may need guidance in recognizing

All children develop at their own pace. Some will reach milestones slightly late or early.


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4

Tracking Milestones Helps Parents...

- Understand that watching for milestones is important
- Better understand child development
- Pinpoint any potential developmental concerns



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5

Tracking Milestones Is Important

Tracking a child's milestones helps parents catch early signs of possible developmental delays so the child has the best chance to get the help he or she might need.



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6

Free Milestone Tracking Tools


- Developed by CDC's "Learn the Signs. Act Early." program
- Free**, easy to use
- Available in English and Spanish
- A variety of options



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7

Milestone Checklists





- Checklists for ages 2 months through 5 years
- Milestones across 4 areas of development
- Help identify causes for celebration or concern

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8

Milestone Checklists: How to Use





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9

Milestone Checklists: How to Use

Throughout the year, pay attention to how the child is meeting milestones and mark the checklist accordingly.

Your Child at 2 Years

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age. Check the milestones your child has reached by his or her 2nd birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Children Do at this Age:

Social/Emotional

- ☒ Copies others, especially adults and older children
- ☐ Gets excited when with other children
- ☐ Shows more and more independence
- ☒ Shows defiant behavior (doing what he has been told not to)
- ☒ Plays mainly beside other children, but is beginning to include other children, such as in chase games

Other milestones:

- ☐ Checks into and down from furniture without help
- ☐ Stands up and takes small steps on
- ☐ Throws ball overhand
- ☐ Makes or copies straight lines and circles

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10

Milestone Moments Booklet

Milestone Moments

Learn the Signs. Act Early.

Your Child at 18 Months

What children do at this age:

Physical/Motor

- ☐ Walks and begins to run
- ☐ Stands up and takes small steps on
- ☐ Throws ball overhand
- ☐ Makes or copies straight lines and circles

Communication

- ☐ Says several simple words
- ☐ Points to show someone what he wants
- ☐ Plays and explores with toys

Learning/Problem Solving

- ☐ Copies others, especially adults and older children
- ☐ Gets excited when with other children
- ☐ Shows more and more independence
- ☐ Shows defiant behavior (doing what he has been told not to)
- ☐ Plays mainly beside other children, but is beginning to include other children, such as in chase games

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11

Milestone Moments Booklet...

- Everyday use:
 - Give families a copy of the booklet
 - Suggest parents review milestones and development tips with providers regularly
 - Discuss red flags if necessary
 - Use the booklet as a reference
- Printing options:
 - Find a local printer for printing
 - Print directly from website using a desktop printer


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12

Growth Chart


Several times each year, measure parents can measure their child's height on the growth chart. As they measure, they can mentally check the developmental milestones for their child's age.



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13

Parent Kit



Ask parents to order a free parent kit, so they can track their child's development at home using Milestone Moments and the Growth Chart.

Milestone Moments Booklet

Growth Chart


Materials specially packaged for parents - includes one growth chart and one Milestone Moments booklet (English or Spanish).

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14

Fact Sheets

- Tips for Talking With Parents**
 - Ideas about how to start conversation with parents if concerned
 - Things to remember when having a difficult conversation
- Developmental Screening**
 - What it is and why it's important
- Condition-specific fact sheets



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15

Helping Families Learn About Milestones


- Tracking milestones is a great first step in developmental monitoring
- Talk with parents about the milestones they see
- Parents with an older child with a developmental delay, may have concerns about this child's development
- Act early and share concerns

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16


Key Lessons

- It is important for all parents to track milestones
- CDC has free resources to help
- You can help families with resources and support
- Acting early can make a real difference



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17



Be a resource for parents in tracking their child's developmental journey!

Visit www.cdc.gov/ActEarly today.

"Learn the Signs. Act Early."

Other Things You Can Do

- Go to the CDC/Act Early website to view more materials and/or take online trainings
- Share these materials and the CDC/Act Early Website with other professionals
- Join the CA LTSAE Advisory Board
- Invite an Ambassador to give a presentation to parents, healthcare and/or early care and education providers

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Your California Learn the Signs. Act Early Ambassadors

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 1 800 CDC-Info

STUMBLING BLOCKS OR STEPPING STONES ... THE ROAD TO AUTISM COLLABORATION

CAPTAIN Summit



1

Today's Presenters

- Ann Cirimele, Executive Director
Family Resource Network, Stockton, CA
- Tara Sisemore-Hester, Coordinator of Autism Services
Valley Mountain Regional Center, Stockton, CA

2

Parent Perspective

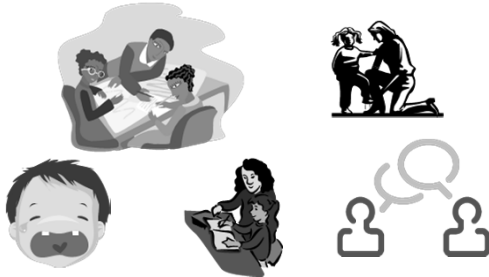
In the beginning



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Parent Perspective

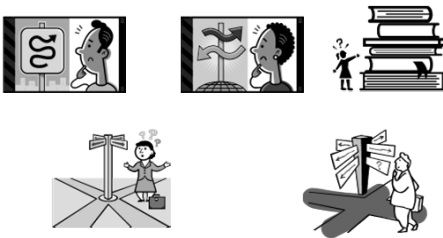
Then came the diagnosis and



4

Which led to

Confusion



5

Who Do You Trust?

This is real life, not a game show.



6

Try and trust will move mountains.

~ Proverb



7

3 Things Parents Want for Their Children

1. Want child to be happy and have friends.
2. Want child to be a respected member of community.
3. Want child to make a contribution to society.

Lizbeth Vincent



8

James Carville and Mary Matalin



9

Mary says James taught her this:

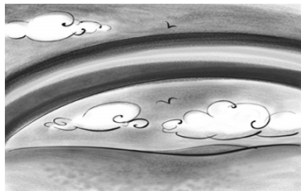
- It doesn't matter if everything you say is right and everything I saw is wrong. The fact is, I still feel this way, so it counts.



10

Parent's Concern

Consequences of the decisions made today will last a lifetime.



11

3 Things Parents Want for Their Children

1. Want child to be happy and have friends.
2. Want child to be a respected member of community.
3. Want child to make a contribution to society.

Lizbeth Vincent



12

Question from some parents and professionals:

- Is there a need to refer a child with ASD and is eligible for special education to VMRC?



13

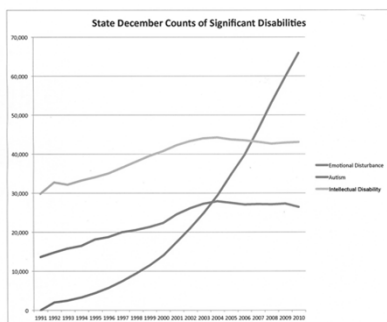
Benefits of VMRC

- If eligible, (not an exhaustive list):
 - Parent education including behavior intervention
 - Behavior consultation services in home
 - Telemedicine
 - Clinics, including feeding and AT
 - Parent counseling
 - Parent respite
 - Case management, IEP assistance

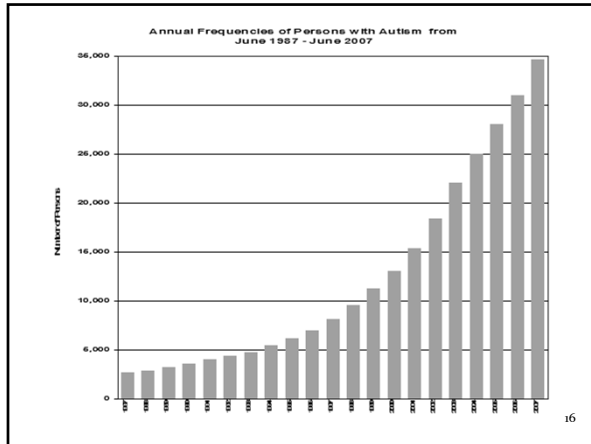


Remember: Eligibility criteria has been known to change and historically those who are already consumers are frequently “grandfathered” in. **This is not a guarantee.**

14




15



Collaborations are organizational and inter-organizational structures where resources, power, and authority are shared and where people are brought together to achieve common goals that could not be accomplished by a single individual or organization independently ("Best Practices in Inter-Organizational Collaboration" Bruner, p. 22).

Howard G. Cohen, PhD,
"Mr. Collaborator"

Howard served as the Clinical Director for Valley Mountain Regional Center where, with compassion, leadership, and an undying collaborative spirit, he led teams to provide exceptional services to consumers with developmental disabilities.



"Best Practices in Inter-Organizational Collaboration"
 2008

18

AUTISM AND EDUCATIONAL OPTIONS: Early Start Services & After Age 3



19

Why Collaborate?

Collaborations have the potential to:

Solve problems in creative ways — ways that lie beyond the scope of any single organization.

Address economic realities of stakeholders, since the collaborative has the ability to share resources.

Prevent escalation of conflict.

Create services that are more accessible and effective and that meet the changing needs of the consumer.

Achieve greater credibility than actions by a single entity can achieve.

Address concerns by **reducing duplication of efforts and services.**

Discourage fragmentation.

Create **sustained change.**

Focus on **improved outcomes.**

Provide for **continuity in the delivery of services and support.**

Build in guarantees that protect each party's interests.

Adapted from Center for Collaborative Planning, *Collaboration: Concepts to Consider*; Bruner, 2005, p. 7; Mattessich, p. 3; Gray, p. 110.

Steps to Organize a Collaboration

Collaboration begins by bringing people together — perhaps a few people, perhaps many. No two collaborations will progress in exactly the same way. Some collaboratives convene and disband over a short time period. Others may continue for years. Although the steps to develop a collaborative vary, the following five-step sequence is typical of many successful collaborations.

Step One: Decide Why to Collaborate

Step Two: Recruit and Convene Stakeholders

Step Three: Define Vision and Desired Outcomes

Step Four: Establish Policies to Guide the Collaboration

Step Five: Monitor Success

Where We Started...

- Few Intervention Options
- Litigation
- Limited Communication
- Agencies and Parents Working in Isolation





Autism Connection: Goals

- Facilitate Educational/Treatment Options
- Promote Collaboration and Communication
- Promote Best Practice
- Support Families and Interdisciplinary Participants

Autism Connection Outcomes Early Intensive Behavioral Treatment Shared Responsibility Model

- Joint Funding
- NPA Collaboration
- EIBT Program Procedures/Guidelines
- Entrance and Continuation Guidelines
- Quarterly Monitoring
- Transition Process

Where We Are...

- Multiple Intervention Options
- Cooperative Educational Planning
- Everybody is Talking!!!
- Collaboration

Early Start Services: Children Diagnosed With Autistic Spectrum Disorder

- Infant Toddler Program
- Early Start Autism Intervention Program (ESAIP)
- Early Intensive Behavioral Treatment Program (EIBT)

Early Intensive Behavioral Treatment Program (EIBT)

- ABA/Discrete Trial
- Parent Training
- 1:1
- Home or Center Based
- Hours Per Week
 - 20-30 < age 3
 - 35-40 > age 3



28

Questions & Answers

29

C.A.P.T.A.I.N.
California Autism Professional Training
and Information Network



Implementation
Coaching:
Overview

2014
Summit

Qualities of an Effective Coach

- Is competent in targeted practices/skills
- Builds on skills and knowledge
- Focuses on the coaching recipients perspectives/interests
- Supports recipients ideas objectively without immediate judgment
- Collaborates to determine which evidence based practices guide the work with the student
- Addresses aspects of the issues/concerns on coaching plan
- Adapts to take advantage of a spontaneous learning situation
- Creates a caring relationship in which
 - challenges are viewed as opportunities for growth
 - successes are celebrated
- **IS AUTHENTIC, NICE and PATIENT!!!**

What Coaching Is and Is Not

| | | |
|-----------------|------------|-------------|
| Is Collegial | <u>Not</u> | Competitive |
| Is Professional | <u>Not</u> | Social |
| Is Confidential | <u>Not</u> | Public |
| Is Specific | <u>Not</u> | General |
| Is Assisting | <u>Not</u> | Evaluating |
| Is Dynamic | <u>Not</u> | Static |

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AUTISM SPECTRUM DISORDERS

What is “Implementation” Coaching?

“A process by which a person in the role of coach assists a person in the role of implementer in the use of evidence based practices where fidelity of implementation is the primary goal of the coaching process”

-- CAPTAIN 2014

Why Coach?

Coaching leads to improvement in . . .

- Instructional capacity - increasing teachers’ ability to apply what they have learned in training to their work with students
- Instructional culture of the school
- A focus on content which encourages the use of data to inform practice
- Better outcomes for kids!



Training Outcomes Related to Training Components

| Training Components | Training Outcomes | | |
|--|----------------------|----------------------|-----------------------|
| | Knowledge of Content | Skill Implementation | Classroom Application |
| Presentation/ Lecture | 10% | 5% | 0% |
| Plus Demonstration in Training | 30% | 20% | 0% |
| Plus Practice in Training | 60% | 60% | 5% |
| Plus Coaching/ Admin Support Data Feedback | 95% | 95% | 95% |

Underlying Assumptions

- Practitioners have good skills but can increase their skills
- Practitioners establish new skills or refine existing skills through self evaluation
- Practitioner skills can change using data and observational feedback
- Coaching is a cyclical process



Is There a Willingness to Change?

Is there a willingness to:

- Alter existing behaviors
- Add new skills
- Persist until skills are acquired OR
- Persist so that skills are used constantly and consistently

If the recipient is not willing to change, all the coaching in the world will not work!



Coaching Tools

- EBP Trainings and/or AIMS Modules
- Briefs and Implementation checklists (IC)
- GAS goals
- Coaching Logs

www.CAPTAIN.CA.Gov



AIMs Training Modules




<http://www.autisminternetmodules.org/>

NPDC EBP Implementation Checklist

| Observation | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|--|----------------|---|---|---|---|---|---|---|
| Date | | | | | | | | |
| Observer's Initials | | | | | | | | |
| <i>Planning (Steps 1 – 6)</i> | | | | | | | | |
| Step 1. Targeting a Behavior for Teaching | Score** | | | | | | | |
| 1. Identify a target behavior that is important to be taught. | | | | | | | | |
| 2. Define and describe the target behavior so that it is observable and measurable. | | | | | | | | |
| Step 2. Having the Correct Equipment | | | | | | | | |
| 1. Acquire a video recording device (e.g., hand-held video camera, digital camera, computer technology). | | | | | | | | |
| 2. Identify how the video will be played back (e.g., DVD, VCR, computer). | | | | | | | | |
| 3. Become familiar with the equipment and comfortable using it. | | | | | | | | |

| | | |
|------------------------------|--|--|
| Goal Attainment Scales (GAS) | Much less than expected <small>(Present Level of Performance)</small> | |
| | Somewhat less than expected <small>(Benchmark)</small> | |
| | Expected level of outcome <small>(Annual Goal)</small> | |
| | Somewhat more than expected <small>(Exceeds annual goal)</small> | |
| | Much more than expected <small>(Far exceeds annual goal)</small> | |


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AUTISM SPECTRUM DISORDERS

1. Recipient or Inviting Partner (IP)

2. Coach

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AUTISM SPECTRUM DISORDERS

- Focuses on self-improvement of instruction by enhancing or developing skills
- Selects evidence-based practices (EBP) that will positively impact student performance
 - May have some structured choices provided by coach or program design

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Coach

- Engages in focused conversation
- Observes the IP while working
- Uses questioning and communication skills to empower the IP to reflect on practices
- Helps IP to incorporate evidence based practices (Ex. Matrix)
- Shares knowledge, expertise and guidance with the IP
- Provides direction in
 - Targeting evidence-based practice for IP
 - Identifying data collection methods (ex. Implementation checklists, GAS goals)
 - Interpreting IP performance



Coaching Models

1. Mentor
2. Peer
3. Reflective Coaching



Mentor Coaching

Coaching is one-way

- Coach shares knowledge, expertise and guidance with the IP
- Coach provides direction in
 - Defining the target behaviors
 - Targeting evidence-based practice for IP
 - Identifying data collection method
 - Interpreting IP performance



Peer Coaching

Coaching is reciprocal

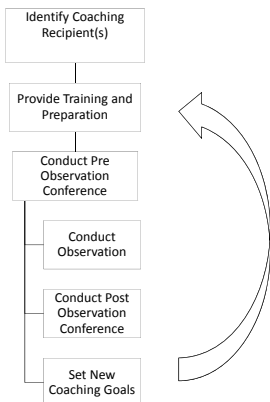
- Each member coaches the other
- Inviting partner' s role:
 - selects and defines coaching target and data collection
- Coach' s role
 - Is nonauthoritarian
 - Guides IP to identifying coaching targets
 - Offers nonjudgmental comments
 - Promotes reflection in the IP



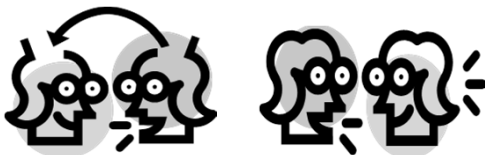
Reflective Coaching

- Goal is to guide implementers in reflecting on their practice
- Designed to facilitate reflection on the implementation of a chosen strategy
- Following observation, the coach guides the implementer through a set of questions designed to elicit thoughtful examination of the lesson and the strategies or principles at work
- The intended outcome is that implementers analyze the effectiveness of their methods and identify, for themselves, areas for growth and improvement

The Coaching Cycle



Coaching and Communication



Potential Barriers to Communication

- Advising
- Anticipating
- Avoiding
- Cross-Examining
- Denying Others' Reality
- Diagnosing
- Directing
- Judging
- Lecturing
- Moralizing
- Teasing



Communication Strategies for Collaboration

- Open questions
- Leveling statements
- Nonverbal techniques



Components of Open Questions

- “Tell me about ...”
- “How do you ...?”
- “What did you ...?”



Open vs. Closed Questions

Open Question Starters

- Tell
- How
- Describe
- What
- Why

Closed Question Starters

- Are
- Do
- Have
- Should
- Will
- Would
- Can

Components of Leveling Statements

- Acknowledgement of another's claims as valid
- Confirmation of another's competence
- Request for compromise or negotiation

Sample Leveling Statement

- You seem to be very concerned about this important topic, and rightfully so (acknowledgement of another's claims as valid).
- I know that you have worked diligently on this issue (confirmation of another's competence).
- Is there something we can do to address this issue (request for compromise or negotiation)?



Conventions for Communication

- | | |
|---|---------------------------------|
| • Nonverbal Skills | • Social Conventions |
| • Attention cues | • Turn-taking |
| • Response cues | • Appropriate distance |
| • Focus on content of verbal statements | • Encouragers |
| • Focus on the speaker's feelings | • Facial Expressions = SMILE!!! |



Potential Barriers to Coaching

Administrative Support
Time
Coaching Skills

*If these is not in place,
coaching is unlikely to succeed*



Potential Barrier: Administrative Support

- Administrative support is needed to
 - Provide release time to partners
 - Provide recognition of coaches
 - Provide recognition of coaching as a school or district priority
 - Respect confidentiality of teams around the coaching process



Potential Barrier: Time

- Time is needed to conduct coaching
- Coaching can take anywhere from 1 hour per week per recipient to 3 hours per week per person recipient



Coaching Skills:

- Coach must possess the skills and abilities to effectively coach others
 - Communication skills
 - Knowledge and use of the Implementation Coaching Tools
 - Willingness to self reflect and change their own behavior
 - Ability to BE PATIENT!





References

National Professional Development Center on ASD
<http://autismpdc.fpg.unc.edu/content/coaching-resources>

COACHING DOCUMENTS:

- NPDC Coaching Manual
- TA Contact Form / Coaching Log

COACHING PRESENTATIONS:

- Coaching PowerPoint - Full Version (3 hours)
- Coaching - Short Version (1 hour)

COACHING VIDEOS:

- School Administrators Reflect on Coaching
- The Coaching Process: Coaching the Coach Through Reflective Consultation

Targeting Evidence-Based Practices with Adult Learners

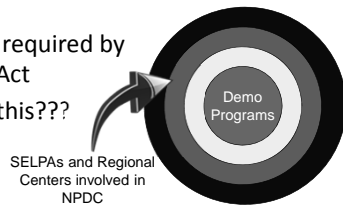
Replicating the NPDC demo site technical assistance and
training model in adult day programs

Mary Rettinhouse, ACRC Behavior Analyst
Amber Ramos, ACRC Behavior Analyst
Robin May, ACRC ASD Specialist



Purpose

- Fulfill our role as CAPTAIN cadre by providing training and technical assistance in the implementation of Evidence-Based Practices (EBPs)
- Use of EBPs required by Lanterman Act
- Remember this???



Process Overview

1. Site Selection & Identification of Team Members
2. Team Meeting & Process/Plan Development
3. Site & Staff Assessment
4. Client Selection & Training Plan Development
5. NPDC Coaching Model Training
6. Specific EBP Training
7. Implementation, Evaluation & Ongoing Technical Assistance

Considerations for Site Selection & Team Member Identification

- Maximum outreach (6 sites, 180 clients)
- Identified need for program improvement
- Administration commitment (financial and time)
- Site resources (clinical, environmental, etc.)
- Existing attitude and approach of direct staff is positive

Site and Client Characteristics

Site Characteristics

- 1 main room divided into sections with a separate "quiet" room
- Clients present from 8:30am to 2:30pm
- Desk areas for table work
- Computer area
- Behavior Management component

Client Characteristics

- 30 clients at site
- Variety of DD diagnoses (MR/ID, ASD, etc.)
- Ages 18+
- Display challenging behaviors (aggression, self-injury, etc.)
- Specific skill deficits across developmental domains

Team Members

- Program Owner/Operator
- Program Director of Operations
- Program Behavior Consultant
- Site Managers (trainers-6)
- Site Staff (implementers)
- ACRC Behavior Analysts
- ACRC ASD Specialist

Team Meeting & Plan/Process Development

- Overview of CAPTAIN and demo site model for program Director of Operations and Program Behavior Consultant
- Discussed GAS goal development procedure
- Determined roles and responsibilities of team members
- Delegated tasks and provided necessary documents (ACRC site assessment, staff self assessments, GAS goal information, coaching manual, etc.) **with timelines for completion**

Team Member Responsibilities

| | |
|--|--|
| ACRC CAPTAIN Cadre Members •ACRC Behavior Analysts •ACRC ASD Specialist | Provide coaching training and provide technical assistance |
| Day Program Coaches •Behavior Consultant •Site Managers | Train and coach day program staff on EBPs |
| Day Program Direct Care Staff | EBP Implementation |
| Clients | Outcomes measured on GAS |

Site & Staff Assessment

Results from Training & Confidence Survey and Site Observation

| EBP | No Training (# of staff no prior training/total staff) | % | Program Consultant Ranking | Program Director Ranking | ACRC Staff Ranking |
|-----------------------|---|-----|----------------------------------|--------------------------------|-----------------------|
| Preference Assessment | 8/15 | 53% | 2 | | 1 |
| Reinforcement | 1/15 | 6% | | | 1 |
| Visual Supports | 8/15 | 53% | 3 | 2 | 2 |
| Time Warnings | 8/15 | 53% | 1 | 1 | 3 |

NOTE: Only EBPs selected for implementation included

Site Assessment Results

- Identified Strengths:
 1. Staff response to client communication
 2. Ratio of positive to corrective feedback
 3. Use of RIRD for challenging behaviors
 4. Instruction linked to client's ISP
- Identified areas of improvement:
 1. Use of individual schedules
 2. Transition training
 3. Use of work systems
 4. Reinforcement systems

Client Selection & Training Plan Development

Clients were selected based on
a) observed needs related to
identified EBPs and b) anticipated
client outcomes

Team identified target audience for
training, necessary training content,
materials and delegated tasks

Sample Client GAS Goal

- Client A:

| | |
|-----------------------------|--|
| Much less than expected | With a model and partial physical prompt, completes 3 one-step instructions or uses a functionally equivalent replacement skill, 50% of opportunities. |
| Somewhat less than expected | With a model prompt, completes 3 one-step instructions or uses a functionally equivalent replacement skill, 50% of opportunities. |
| Expected level of outcome | Independently completes 3 one-step instructions, 80% of opportunities and uses a functionally equivalent replacement skill 20% of opportunities. |
| Somewhat more than expected | Independently completes with 5 one-step instructions or uses a functionally equivalent replacement skill, 100% of opportunities. |
| Much more than expected | Independently completes 3 two-step instructions, 80% of opportunities and uses a functionally equivalent replacement skill 20% of opportunities. |

NPDC Coaching Model Training

- Selected 6 local site managers and Director of Operations to be trainers of direct staff
- Training provided in conference room at corporate day program office
- Materials: NPDC Coaching Model Powerpoint, computer, projector, handouts (PowerPoint & Coaching Log)
- ACRC Behavior Analysts presented 1 hour NPDC coaching model training
- Additional time for demonstration, role play and practice with feedback (30 min.)

Specific EBP Training

- Program Behavior Consultant developed a Powerpoint training based on NPDC EBP briefs on **Reinforcement** and **Visual Supports**
- Content was tailored to meet needs of specific client demographics
- Training on both content areas 1.5 hours including time for demonstration, role-play and hands on practice with feedback
- Materials: Powerpoint, computer, projector, handouts, as well as items to practice with (white board, First/Then strips, Token Boards, candy, stickers)

Implementation, Evaluation & Ongoing Technical Assistance

- Next steps include:
 - Planning for local site managers to train direct staff on implementation of Visual Supports and Reinforcement using the NPDC Coaching Model
 - Team to develop plan for regular technical assistance (monthly, quarterly, etc.)
 - ACRC Staff to conduct regular checks for fidelity of implementation and effectiveness of coaching
 - Long term plan to include expansion to other clients across all 6 sites

Questions?